

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **Mid-America Political Action Committee**(b) Address (number and street) ☐ check if different than previously reported
5638 Professional Circle(c) City, State and ZIP Code
Indianapolis IN 46241(d) Name of Employer or Principal Place of Business
N/A (e) Occupation**2. FEC Identification Number****C** C30002182**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2012

through

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2012**5. (a) Date of Public Distribution(s)** M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2012 **(b) Communication Title** Opinion Radio Ad**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: Indiana state PAC**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐ No ☐**8. Custodian of Records**

(a) Name

Mike Merrell

(b) Address (number and street)
5638 Professional Circle

(c) City, State and ZIP Code

Indianapolis IN 46241

(d) Name of Employer or Principal Place of Business
Unit. Food Comm. Workers Un. Local 700 (e) Occupation
Secretary Treasurer**9. Total Donations This Statement**

, , .00

10. Total Disbursements/Obligations This Statement

, , 118000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Laurence E. Gold**SIGNATURE** Laurence E. Gold**[Electronically Filed] DATE** 11/05/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.